

CAPITAL REGION SENIOR EXPO

Sponsorship & Exhibit Booth Packages

Friday, October 18, 2024 • 8:30am - 1:30pm Crossgates Mall, Albany



Crossgates Mall, Albany				
PRESENTING SPONSORS MVP united group	EXPO SPONSOR	SUPER-BOOTH \$1,850 Corporate \$1,800 Non-Profit	PREMIUM \$925 Corporate \$875 Non-Profit	STANDARD \$675 Corporate \$600 Non-Profit
EXHIBITOR BENEFITS	\$3,500	\$1,700 Early Bird	\$800 Early Bird	\$550 Early Bird
Logo with support level on marketing materials, website, social media, LifePath's e-newsletter, & on stage	\checkmark	√		
Name mentioned on television and/or radio advertisements	\checkmark			
Advertisement in the Senior Expo edition of Family Now (due 9/1/24)	6.375" w x 6.25" h	4.875" Wx 6.25" h (COLOR)	3.375" w x 6.25" H (B & W)	
Non-sales informative article(s) authored by your company in Senior Expo edition of Family Now (due 9/1/24)	300 words			
Company name listed in the Exhibitor Directory of the Senior Expo edition of Family Now (must reserve by 9/1/24)	\checkmark	\checkmark	\checkmark	\checkmark
Advertisement in LifePath's e-newsletter	\checkmark			
Booth at event (10' W x 6' D) with (1) 6' table and (2) chairs	√ triple	√ double	√ prime location	\checkmark
Color signage in booth	\checkmark	\checkmark		
Opportunity to host health and wellness activity in booth	\checkmark			
Logo or name on Expo Map	logo highlighted	√ name	√ name	√ name
Support of the LifePath mission	\checkmark	\checkmark	\checkmark	\checkmark
NEW FOR 2024MINI EXPOS We're bringing the Expo to our older neighbors at the Cohoes & Watervliet Senior Centers and Westview Homes (680 Central Ave.) Thurs, 11/7 - Westview Homes • 10-11:30 am Wed, 11/20 - Watervliet Senior Center • 10-11:30 am - Cohoes Senior Center • 1-2:30 pm	√	√		
Name:				
Business/Organization Name:				
Address:				
City: 5	State:		Zip:	
Phone:	Email:			
Website:				
PAYMENT Sponsor \$3,500				
A check made payable to Eller att is chetosed		Corporate • \$1,80		
Trease charge the card below	•	orate • \$875 Nor		•
	•	orate • \$600 No		•
* Early Bird must be paid by 7/15/24 • Non-Profit rate must provide of				
Card Number: [-			
Name on card:				
Billing Address:				
City	State:		7in·	